



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Proposed Revision to Existing Approved Collection; Comment
Request

AGENCY: Division of Federal Employees' Compensation, Office
of Workers' Compensation Programs, Department of Labor

ACTION: Notice

SUMMARY: The Department of Labor, as part of its
continuing effort to reduce paperwork and respondent
burden, conducts a preclearance consultation program to
provide the general public and Federal agencies with an
opportunity to comment on proposed and/or continuing
collections of information in accordance with the Paperwork
Reduction Act of 1995 (PRA95). This program helps to
ensure that requested data can be provided in the desired
format, reporting burden (time and financial resources) is
minimized, collection instruments are clearly understood,
and the impact of collection requirements on respondents
can be properly assessed. Currently, the Office of
Workers' Compensation Programs is soliciting comments
concerning the proposed collection: Claim for Compensation
(CA-7); Authorization for Examination and/or Treatment (CA-
16); Duty Status Report (CA-17); Attending Physician's
Report (CA-20); Request for the Services of an Attendant

(CA-1090); Referral to a Medical Specialist (CA-1305); OWCP Requirements for Audiological Examination (CA-1087); Referral for a Complete Audiologic and Otologic Examination (CA-1331); Outline for Audiologic Examination (CA-1332); Work Capacity Evaluation, Psychiatric/Psychological Conditions (OWCP-5a); Work Capacity Evaluation, Cardiovascular/Pulmonary Conditions (OWCP-5b); and Work Capacity Evaluation, Musculoskeletal Conditions (OWCP-5c).

A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

DATES: Written comments must be submitted to the office listed in the addresses section below on or before [insert date 60 days after date of publication on the federal register].

ADDRESSES: You may submit comments by mail, delivery service, or by hand to Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3323, Washington, D.C. 20210; by fax to (202) 354-9647; or by Email to ferguson.yoon@dol.gov. Please use only one method of transmission for comments (mail/delivery, fax, or Email). Please note that comments submitted after the comment period will not be considered.

SUPPLEMENTARY INFORMATION

I. Background: The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101 et. seq. The statute provides for the payment of benefits for wage loss and/or for permanent impairment to a scheduled member, arising out of a work related injury or disease. The Act outlines the elements of pay which are to be included in an individual's pay rate, and sets forth various other criteria for determining eligibility to and the amount of benefits, including: augmentation of basic compensation for individuals with qualifying dependents; a requirement to report any earnings during a period that compensation is claimed; a prohibition against concurrent receipt of FECA benefits and benefits from OPM or certain VA benefits; a mandate that money collected from a liable third party found responsible for the injury for which compensation has been paid is applied to benefits paid or payable. This information collection is currently approved for use through January 31, 2018. This ICR has been classified as a revision, because of a change to the CA-16. As DFEC is focusing more on program integrity issues, in particular medical billing, and to strengthen efforts to reduce potential fraud and abuse, this form is intimately tied to those efforts and DFEC would like to incorporate recent and

upcoming policy changes (e.g., new guidance/forms for compound and opioid medications-OMB 1240-0055). The proposed revisions provide more clarification regarding who may be authorized to initiate the CA-16 and who is authorized to provide medical treatment, to include qualifications and definitions of these authorization officials. Further clarification is provided regarding non-authorization for compound medication and the requirements to be enrolled with our Medical Bill Processing Contractor to receive payments for services rendered. Where revisions were made, Instructions were expanded to provide explanation.

II. Review Focus: The Department of Labor is particularly interested in comments which:

- * evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- * evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

* enhance the quality, utility and clarity of the information to be collected; and

* minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

III. Current Actions: The Department of Labor seeks a revision in order to carry out its statutory responsibility to compensate injured employees under the provisions of the Act.

Type of Review: Revision

Agency: Office of Workers' Compensation Programs

Title: FECA medical Reports, Claim for Compensation

OMB Number: 1240-0046

Agency Number: CA-7; CA-16; CA-17; CA-20; CA-1090; CA-1305; CA-1087; CA-1331; CA-1332; OWCP-5a; OWCP-5b; and OWCP-5c.

Affected Public: Individuals or households; Business or other for-profit; Federal Government previously approved

Total Respondents: 282,353

Form	Time to Complete	Number of Responses	Hours Burden
CA-7	13 min	500	120
CA-16	5 min	29,519	2,460
CA-17	5 min	182,793	15,233
CA-20	5 min	56,394	4,700
CA-1090	10 min	234	39
CA-1305	20 min	136	45
CA-1331/CA-1087*	5 min	1,062	89
CA-1332	30 min	30	6
OWCP-5's	15 min	11,651	2,913
Totals		282,353	25,605

* Responses and hours associated with Form CA-1087 are included in the estimates for the Form CA-1331. The Form CA-1087 is attached to the Form CA-1331.

Total Annual Responses: 232,353

Average Time per Response: 5 minutes - 30 minutes

Estimated Total Burden Hours: 25,605

Frequency: As Needed

Total Burden Cost (capital/startup): \$0

Total Burden Cost (operating/maintenance): \$110,118

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

DATED: July 14, 2017

Yoon Ferguson
Agency Clearance Officer,
Office of Workers' Compensation Programs
US Department of Labor

Billing Code No. 4510-CH-P

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